

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/945,552
Filing Date	September 2, 2001
First Named Inventor	Anton FRITZER
Group Art Unit	
Examiner Name	
Attorney Docket Number	GS 0446 A US

I hereby appoint:

☒ Practitioners at Customer Number

20676

Place Customer  
Number Bar Code  
Label here

☐ Practitioner(s) named below:

Name	Registration Number
Alfred J. Mangels	22,605

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	Alfred J. Mangels				
Address	4729 Cornell Road				
Address					
City	Cincinnati	State	OH	Zip	45241-2433
Country	U.S.A.				
Telephone	(513) 469-0470	Fax	(513) 489-6030		

I am the:

☒ Applicant/Inventor.

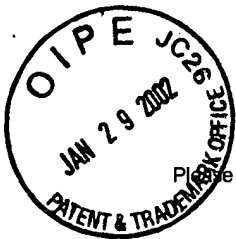
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Andreas DEIMEL
Signature	<i>Andreas Deimel</i>
Date	24.11.01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.



Please type a plus sign (+) inside this box →



PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/945,552
Filing Date	September 2, 2001
First Named Inventor	Anton FRITZER
Group Art Unit	
Examiner Name	
Attorney Docket Number	GS 0446 A US

I hereby appoint:

☒ Practitioners at Customer Number

20676

Place Customer  
Number Bar Code  
Label here

☐ Practitioner(s) named below:

Name	Registration Number
Alfred J. Mangels	22,605

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Alfred J. Mangels

Address

4729 Cornell Road

Address

City

Cincinnati

State

OH

Zip

45241-2433

Country

U.S.A.

Telephone

(513) 469-0470

Fax

(513) 489-6030

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Anton FRITZER

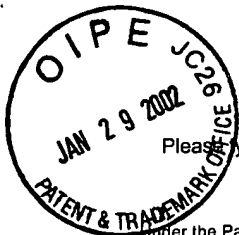
Signature

Date

07-12-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.



Please type a plus sign (+) inside this box →



PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/945,552
Filing Date	September 2, 2001
First Named Inventor	Anton FRITZER
Group Art Unit	
Examiner Name	
Attorney Docket Number	GS 0446 A US

I hereby appoint:

☒ Practitioners at Customer Number

20676

Place Customer  
Number Bar Code  
Label here

☐ Practitioner(s) named below:

Name	Registration Number
Alfred J. Mangels	22,605

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Alfred J. Mangels

Address 4729 Cornell Road

Address

City Cincinnati State OH Zip 45241-2433

Country U.S.A.

Telephone (513) 469-0470 Fax (513) 489-6030

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Wolfgang REIK

Signature

Date

*W. Reik*  
10.12.2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.